



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

March 8, 2006

Subject: Your Auto Transportation Annual Report and Regulatory Fees are Due May 1

State law requires you to file an annual report and pay regulatory fees to the Washington Utilities and Transportation Commission.

What is required of me?

By May 1, you must:

- Complete and file the enclosed 2005 annual report form
- Pay your 2006 regulatory fees

Failure to file your annual report or pay regulatory fees by May 1 will result in a penalty and possible cancellation of your permit to operate in Washington. This is the only notice you will receive from the commission.

What happens if I do not pay my regulatory fees by May 1?

If regulatory fees are not paid by May 1, you will incur:

- a 2 percent penalty on the amount due; and
- a 1 percent monthly interest charge on the unpaid balance.

Can I request an extension of time if I am unable to file the annual report by May 1?

Yes, you must provide the request in writing, including a valid reason for the extension by May 1. We will notify you when your request is approved or denied. You will still be liable for penalty and interest payments if you fail to pay your regulatory fees by May 1. If you are late filing your annual report or fail to file, you could incur additional penalties up to \$100 a day.

Where do I mail the completed annual report form and regulatory fee payment?

Washington Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504-7250



March 8, 2006
Page 2

Where can I obtain an electronic version of the annual report?

Forms are available on our website at www.wutc.wa.gov. Locate "Quick Links" then select "2005 annual reports".

Who do I contact if I have questions?

You may call 360-664-1201 or e-mail us at: annualreports@wutc.wa.gov. If you need this information in an alternate format, please call 360-664-1133. TTY Toll Free phone number is 1-800-416-5289 or 360-586-8203.

Sincerely,

A handwritten signature in black ink, appearing to read "Carole J. Washburn". The signature is fluid and cursive, with the first name "Carole" being more prominent.

Carole J. Washburn
Executive Secretary

Enclosures

2
0
0
5**AUTO TRANSPORTATION COMPANIES****ANNUAL REPORT**

Full name and address of Company

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
for the
YEAR ENDED DECEMBER 31, 2005

Inquiries concerning this Annual Report should be addressed to:

NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL															For Commission Use Only									
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard															Credit Card Authorization #: _____									
Credit Card Number:															Expiration Date Month/Year									
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.																								
Name (Printed): _____															Title: _____									
Signature: _____															Date: _____									

For Commission Use Only																																		
Reception Number: _____															001-111-02-68-230-11: _____										Ref No: _____									
001-111-02-68-230-01: _____															001-111-02-68-032-05: _____										001-108-01-70-230-13: _____									

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.wutc.wa.gov

CERTIFICATION

I certify that I, _____, the responsible account officer for _____ have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2005, to December 31, 2005, inclusive.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

Instructions for preparing this report are included in the uniform system of accounts for buses. The instructions should be carefully studied and every item in this report definitely answered. Where the word "none" fully and completely states the fact it may be given as an answer.

SCHEDULE 1

1. Company Name: _____
 d/b/a: _____
 Mailing Address: _____
 Physical Address: _____
 Telephone Number: _____
 E-mail: _____
 Fax Number: _____
 Web Address: _____
 US DOT Number: _____

2. Washington Unified Business Identifier (UBI) No.: _____
(If you do not know your UBI No. please contact the Department of Licensing at 360-664-1400)

3. ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC, etc.)

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name	Title	Percentage of shares, stock or ownership

ALLOWANCE FOR OWNER'S SERVICES

4. Show duties performed and estimated annual number of hours devoted to the business for the sole proprietor, or for each member of partnership. Also provide the total allowance for such services if not included in Schedule 2.

Name	Address	Duties Performed	No. of Hours	Owner's Allowance

OPERATIONS

5. Give the name of your terminal manager and address of each terminal located in Washington State.

Terminal Manager	Location of terminals in Washington State

ADDITIONAL COMPANY INFORMATION

6. Please complete the following:

Safety Director Name:	Telephone Number:
Number of Vehicles 16 passengers or less:	Number of Vehicles 17 passengers or more:
Current Insurance Company:	Policy Number:
Customer Service Contact Name:	Telephone Number:
Number of commercial motor vehicle drivers employed in 2005:	
Total operating miles in 2005:	
<p>Did you have any Recordable Accidents in 2005: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many recordable accidents: _____</p> <p>(please indicate total recordable accidents for both interstate and intrastate operations)</p> <p>Recordable Accident Definition: An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:</p> <ol style="list-style-type: none"> 1. A fatality, 2. Injury to a person requiring immediate treatment away from the scene of the accident, or 3. Disabling damage to a vehicle requiring it to be towed from the accident scene. 	

**INCOME STATEMENT
SCHEDULE 2**

3000 Operating Revenues

3210	Charter Bus Revenue	
3200	Passenger Revenue	
3220-3500	Baggage-Mail-Express-Newspapers	
3600	Misc. Station Revenue	
3700	Operating Revenue--Transfers from Governmental Authorities	
3800	Operating Revenue--Amortization of Deferred Transfers from Governmental Authorities	
3900	Other Operating Revenue	
	Total	\$

4000 Operating Expenses

4100	Equipment Maintenance and Garage Expense	\$
4200	Transportation Expense	
4300	Station Expense	
4400	Traffic Solicitation and Advertising Expense	
4500	Insurance and Safety Expense	
4600	Administrative and General Expense	
5000	Depreciation and Amortization Expense	
5200	Operating Taxes and Licenses Expense	
5300	Operating Rents Expense	
	Total Operating Expense	
	Net Operating Income (total revenue less total operating expenses)	\$

Other Income and Expense

6000	Other Income	\$
7500	Other Deductions	
	Net Income Before Taxes	
8000	Income Taxes	
	Net Income or Loss	\$

STATISTICS SCHEDULE 3

	This Year	Last Year
Miles of Highway Over Which Operations Were Conducted:		
Vehicle-miles Operated by Motor Vehicles (Regular Route)*:		
Vehicle-miles Operated by Motor Vehicles in Charter or Special Service*:		
Vehicle-miles Operated by Combination Truck-buses in Intercity Service*:		
Number of Revenue Passengers Carried by Motor Vehicles (Regular Route):		
Number of Revenue Passengers Carried by Motor Vehicles (Charter or Special Service):		
Number of Motor Vehicles Operated:		

*Include both loaded and empty mileage of both owned and leased vehicles.

REGULATORY FEE CALCULATION SCHEDULE

Company Name _____ Annual Report Year 2005

In accordance with RCW 81.24.020 "Regulatory Fees", the Commission requires Auto Transportation companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below.

1	Passenger Revenue	1	\$	
2	Express and Baggage Revenue	2	\$	
3	U.S. Mail and Other Operating Revenue	3	\$	
4	Total Gross Intrastate Operating Revenue ** (add lines 1, 2 and 3)	4	\$	
5	Less Non Fee-Paying Revenue (includes interstate revenues)	5	\$	
6	Balance-Adjusted Gross Intrastate Operating Revenue (subtract line 5 from 4)	6	\$	
7	Regulatory Fee Calculations:	7		
7a	If line 6 is UNDER \$5,000, Enter ZERO (Filing ZERO indicates schedule is complete)	7a	\$	
7b	If line 6 is OVER \$5,000-enter amount from line 6	7b	\$	x .004(.4%) = \$
8	Total Regulatory Fees owed (add lines 7a or 7b)	8	\$	
			Agency Use Only	001-111-02-68-230-01

Fees due WA Motor Vehicle Fund		Vehicle Miles		Fee Calculation	
Vehicle Propulsion	Total	Non-Fee Paying Miles	Intrastate Miles	Rate Per Mile	Amount Owed
9 Gasoline				x .0015 =	\$
10 Other Fuel				x .0020 =	\$
11 Total Washington Motor Vehicle Fund Fees owed (add lines 9 and 10)					\$
				Agency Use Only	001-108-01-70-230-01

Complete Lines 12 through 16 if filing after May 1

12	Penalties on Regulatory Fees filed after May 1	12	
12a	Total Penalties on Regulatory Fees owed - enter amount from line 8	12a	\$ x .02 (2%) = \$
13	Interest on Regulatory Fees filed after May 1	13	
13a	Amount from line 8 _____ x Number of months past May _____ x .01 (1%) =	13a	\$
14	Penalties on Vehicle Mileage fees after May 1	14	
14a	Penalties on Vehicle Mileage fee - enter amount from line 11 (Per RCW 46.16.125)	14a	\$ x 1.0 (100%) = \$
15	Total Penalties and Interest owed (add lines 12a, 13a and 14a)	15	\$
			Agency Use Only 001-111-02-68-230-11
16	Total Regulatory, Penalty and Interest Fees Due (add lines 8, 11 and 15)	16	\$

** Note: Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs and contracts on file at the Washington Utilities and Transportation Commission. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, or the payment of state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.